State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9:30-88) Department of Health Services Toxic Substances Control Division Sacramento, Calkomis Please print or type. (Form designed for use on elite (12-pitch typewriter). 1. Generator's US EPA ID No. Manifest 2. Page 1 UNIFORM HAZARDOUS Information in the shaded areas Document No of is not required by Federal law. WASTE MANIFEST C| AD |9 | 8 | 20 | 1 | 87 | 2 | 3 A, State Manifest Document Number 87507042 3. Generator's Name and Mailing Address COMPETITIVE TRAILERS 8832 Ramona Ave., Bellflower, CA 90706 B. State Generator's ID 4. Generator's Phone (213) 634-2006 905083 5. Transporter 1 Company Name US EPA ID Number C. State Transporter's ID D. Transporter's Phone 213) 949-0668 IC | A | D9 | 8 | 1 | 68 | 62 | 4 BETTERBILT CHEMICALS, INC E. State Transporter's ID 7. Transporter 2 Company Name F. Transporter's Phone G. State Facility's ID 9. Designated Facility Name and Site Address US EPA ID Number C|ADD|4|2|2|4|5|00|1 OMEGA RECOVERY SERVICES H. Facility's Phone 12504 E. Whittier Blvd. |C | A | D | 0 | 4 | 22 | 4 | 5 | 00 | 1 213) 698-0991 Whittier, CA 90602 13. Total 12. Containers Waste No Quantity 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) WI/Vo No. Type State 214 G EPA/Oth WASTE, FLAMMABLE LIQUID N.O.S. UN1993 D001 NER State b. EPA/Other T State EPA/Other State EPA/Other K. Handling Codes for Wastes Listed Above J. Additional Descriptions for Materials Listed Above 0 WASTE WASH THINNER C. 15. Special Handling Instructions and Additional Information USE GLOVES & GOGGLES GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Day Printed/Typed Name Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name RICHARD SENTENO 18. Transporter 2 Acknowledgement of Receipt of Materials Month Day Year Printed/Typed Name Signature 19. Discrepancy Indication Space C 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in yem/10. Month Day INSTRUCTIONS ON THE BACK DHS 8022 A (1787) White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS EPA 8700—22 (Rev. 9-86) Previous editions are obsolete To: P.O. Box 3000, Sacramento, CA 95812 IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550